



Instructions For Choosing Your Beneficiary

NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

Please print using blue or black ink. Please keep a copy for your records and send the original form to the following address:

Prudential

30 Scranton Office Park
Scranton PA 18507-1789

General Provisions

Any benefit that will be payable upon your death will be made to the person(s) named on the attached beneficiary form. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

- A. The terms of the contract govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above.
- E. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the contract.
- F. If the option to purchase an annuity is available, once payments have begun, any settlement of any amount thereafter payable shall be governed by the terms of such annuity.
- G. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
4. **"My Estate"** if you want the benefit to be paid to your estate.
5. **"Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary.



Beneficiary Designation Form

NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

About You

(Please print using blue or black ink.)

Plan number

0 0 6 1 4 9

Please provide your division/department name

(Please print entire division/department name)

Social Security number

Daytime telephone number

area code

First name

MI

Last name

Address

City

State

ZIP code

Questions?

Call 1-866-NJSEDCP (1-866-657-3327) for assistance.

If you are hearing impaired and have a teletype (TTY) line, call 1-877-760-5166.

Your Beneficiary Designation (See "Instructions for Choosing your Beneficiary")

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below.

(A) Primary Beneficiary(ies)

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

Social Security number

Percentage %

Social Security number

Percentage %

Date of birth

My Relationship

Date of birth

My Relationship

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

Social Security number

Percentage %

Social Security number

Percentage %

Date of birth

My Relationship

Date of birth

My Relationship

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

Social Security number

Percentage %

Social Security number

Percentage %

Date of birth

My Relationship

Date of birth

My Relationship

Please use whole percentages - must total 100%.

Please use whole percentages - must total 100%.

Your Authorization

Signature X

Date

DID YOU REMEMBER TO:

- Sign the form
Initial any changes
Use whole numbers